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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/591,386-Conf. #1894
<b>I.A. Filing Date</b>	March 1, 2005
<b>First Named Inventor</b>	Mircea D. Bucevschi
<b>Title</b>	BIOCOMPATIBLE, BIODEGRADABLE, WATER-ABSORBENT HYBRID MATERIAL
<b>Art Unit</b>	N/A
<b>Examiner Name</b>	Not Yet Assigned
<b>Attorney Docket No.</b>	GLS-001.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 25181

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:  

OR

Firm or  
Individual Name:  

Address:  

City:  

State:  

Zip:  

Country:  

Telephone:  

Email:  

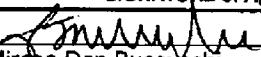
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature: 

Date:  

Name: Mircea Dan Bucevschi

Telephone:  

Title and Company: Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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OR

The address associated with Customer Number:  

OR

Firm or Individual Name:  

Address:  

City:  

State:  

Zip:  

Country:  

Telephone:  

Email:  

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature: 

Date:  

Name: Monica Colt

Telephone:  

Title and Company: Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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		<b>I.A. Filing Date</b>	March 1, 2005
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OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	
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Address	
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City		State		Zip	
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Country		Telephone		Email	
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	Mendy Axelrad	Telephone	
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/> Total of	<b>3</b>	forms are submitted.
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